



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**RBBP-1404-1-1**  
**Job Sheet 187056**



Part No: RBBP-1404-1-1

Job Qty: 4 pcs

Part Name: Block



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/27/18

Job Tracking No:

Due Date: 1/4/19

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBBP-1404-1 Rev.2 IPP Rev. A 18.11.12 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |            |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 100   | NV5000 - 1 | 4 pcs | 1/4/19     | 1/4/19   | 0.00      | 4.00    | NV5000 - 1            |           | PJ 19-01-02 |
|       |            |       |            |          |           |         | NV5000 - 2            |           |             |
| 110   | QC 2       | 4 pcs | 1/4/19     | 1/4/19   | 0.00      | 0.00    | QC 2 - 1              |           | PJ 19-01-02 |
|       |            |       |            |          |           |         | QC 2 - 12             |           |             |
|       |            |       |            |          |           |         | QC 2 - 14             |           |             |
|       |            |       |            |          |           |         | QC 2 - 16             |           |             |
|       |            |       |            |          |           |         | QC 2 - 17             |           |             |
|       |            |       |            |          |           |         | QC 2 - 19             |           |             |
|       |            |       |            |          |           |         | QC 2 - 2              |           |             |
|       |            |       |            |          |           |         | QC 2 - 20             |           |             |
|       |            |       |            |          |           |         | QC 2 - 22             |           |             |
|       |            |       |            |          |           |         | QC 2 - 23             |           |             |
|       |            |       |            |          |           |         | QC 2 - 25             |           |             |
|       |            |       |            |          |           |         | QC 2 - 32             |           |             |
|       |            |       |            |          |           |         | QC 2 - 33             |           |             |
|       |            |       |            |          |           |         | QC 2 - 35             |           |             |
|       |            |       |            |          |           |         | QC 2 - 38             |           |             |
|       |            |       |            |          |           |         | QC 2 - 39             |           |             |
|       |            |       |            |          |           |         | QC 2 - 4              |           |             |
|       |            |       |            |          |           |         | QC 2 - 40             |           |             |
|       |            |       |            |          |           |         | QC 2 - 44             |           |             |
|       |            |       |            |          |           |         | QC 2 - 45             |           |             |
|       |            |       |            |          |           |         | QC 2 - 48             |           |             |
|       |            |       |            |          |           |         | QC 2 - 49             |           |             |
|       |            |       |            |          |           |         | QC 2 - 50             |           |             |
|       |            |       |            |          |           |         | QC 2 - 51             |           |             |
|       |            |       |            |          |           |         | QC 2 - 52             |           |             |
|       |            |       |            |          |           |         | QC 2 - 54             |           |             |
|       |            |       |            |          |           |         | QC 2 - 56             |           |             |
|       |            |       |            |          |           |         | QC 2 - 57             |           |             |
|       |            |       |            |          |           |         | QC 2 - 62             |           |             |
|       |            |       |            |          |           |         | QC 2 - 63             |           |             |



Container No: S141235



Part: RBBP-1404-1-1

Job No: 187056

Serial No/Batch: S141235

Revision: 2

Inspector:

Exp Date:

Instructions:

Date: 01/02/19

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www.dartaerospace.com



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: <u>187056</u><br>Part No. <u>RBBP</u><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input checked="" type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                             |                                                                                                                                                                           |                                   |                                   |                                       | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>    | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/>       | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>          | Thermoforming <input type="checkbox"/>    | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>  | Composite <input type="checkbox"/>           | Supplier <input type="checkbox"/>         |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                          |                                           |                                           |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Small Fab <input type="checkbox"/>                         | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                                | Quality <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Date : <u>JAN 03 2019</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Step #: <u>110</u>                                                                                                                                                                        |                                               | QTY Effective : <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | MRB (QSI042) Approval<br>DAS 9 19-01-03                                                                                                                                   |                                   |                                   |                                       |                                        |                                     |                                       |                                      |                                    |                                          |    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| <b>Description Work Order Deviation</b><br><div style="font-size: 1.2em; font-family: cursive;">- W.O. CALLS FOR WHITE DELRIN. PARTS MADE WITH BLACK DELRIN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                                                                                                                                           |                                               | <b>Disposition</b><br><div style="font-size: 1.2em; font-family: cursive;">Scrap destroy / no replace.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | Completed By<br>68<br>JAN 03 2019<br>Lead hand / Supervisor<br>Approval Verification<br>D.A. 19-01-03<br>JAN 03 2019<br>QC / QA Coordinator<br>Approval<br>DAS 9 19-01-03 |                                   |                                   |                                       |                                        |                                     |                                       |                                      |                                    |                                          |                                             |                                           |                                           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                                 |                                      |                                                |                                           |
| <b>Root Cause</b><br><table style="width:100%;"> <tr> <td>Environment <input type="checkbox"/></td> <td>No Re-verification <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> </tr> </table> |                                                            |                                                                                                                                                                                           |                                               | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No Re-verification <input type="checkbox"/> | Design <input type="checkbox"/>                                                                                                                                           | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>   | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>    | Material <input type="checkbox"/>  | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/>   | LOA <input type="checkbox"/>                 | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%;"> <tr> <td>Pressure/Forced <input type="checkbox"/></td> <td>Temperature/Cure <input type="checkbox"/></td> <td>Power Loss/Surge <input type="checkbox"/></td> <td>Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> </table> |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                              |                                       |                                  |                                        |                                      |                                                |                                           |
| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                     | Misread <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                                                                                           |                                   |                                   |                                       |                                        |                                     |                                       |                                      |                                    |                                          |    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                                              |                                       |                                  |                                        |                                      |                                                |                                           |
| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                            | Turning Sequence <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                                                                                           |                                   |                                   |                                       |                                        |                                     |                                       |                                      |                                    |                                          |    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                                              |                                       |                                  |                                        |                                      |                                                |                                           |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                              |                                       |                                  |                                        |                                      |                                                |                                           |

|     |                             |       |        |           |                       |
|-----|-----------------------------|-------|--------|-----------|-----------------------|
| 120 | QC 8                        | 4 pcs | 1/4/19 | 0.00 0.00 | QC 2 - 8              |
|     |                             |       |        |           | QC 8 - 12             |
|     |                             |       |        |           | QC 8 - 14             |
|     |                             |       |        |           | QC 8 - 16             |
|     |                             |       |        |           | QC 8 - 17             |
|     |                             |       |        |           | QC 8 - 20             |
|     |                             |       |        |           | QC 8 - 25             |
|     |                             |       |        |           | QC 8 - 3              |
|     |                             |       |        |           | QC 8 - 32             |
|     |                             |       |        |           | QC 8 - 33             |
|     |                             |       |        |           | QC 8 - 35             |
|     |                             |       |        |           | QC 8 - 38             |
|     |                             |       |        |           | QC 8 - 39             |
|     |                             |       |        |           | QC 8 - 4              |
|     |                             |       |        |           | QC 8 - 44             |
|     |                             |       |        |           | QC 8 - 45             |
|     |                             |       |        |           | QC 8 - 49             |
|     |                             |       |        |           | QC 8 - 58             |
|     |                             |       |        |           | QC 8 - 8              |
|     |                             |       |        |           | QC 8 - 9              |
|     |                             |       |        |           | QC 8 - 68             |
| 130 | Packaging 3-1 - Stock - B4B | 4 pcs | 1/4/19 | 0.00 0.00 | Packaging 3 - 1 - B4B |
|     |                             |       |        |           | Packaging 3 - 2 - B4B |
|     |                             |       |        |           | Packaging 3 - 3 - B4B |
|     |                             |       |        |           | Packaging 3 - 4 - B4B |
|     |                             |       |        |           | Packaging 3 - 5 - B4B |
| 140 | QC 21 - SA                  | 4 pcs | 1/4/19 | 0.00 0.00 | QC 21 - SA - 16       |
|     |                             |       |        |           | QC 21 - SA - 21       |

Part Op 100 - 1-Machine as per folio FC502 FOLIO REV: 2 AA DWG REV: 2 2-Deburr \*\*Use fixture in  
 Descriptions: blue bin #12\*\*  
 130 -

#### Job BOM

| Part / Item          | Component Name      | Quantity          | Operation       | Container |
|----------------------|---------------------|-------------------|-----------------|-----------|
| MDELRLNB0.750X3.000W | M Delrin Bar, White | 2,4000 ft (.6 ea) | 100-NV/5000 - 1 | 8702K566  |
|                      | PLAT 009-E          | 86.250            |                 | 85118828  |

#### Job Allocations

| Operation       | Component Part       | Required | Inventory | Allocated |
|-----------------|----------------------|----------|-----------|-----------|
| 100-NV/5000 - 1 | MDELRLNB0.750X3.000W | 2        | 4         | 0         |

#### Part Specifications

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                   |  |  |

| Root Cause         |                          |                       |                          | FAULT CATEGORY                                                                                    |                          |                                   |                          |
|--------------------|--------------------------|-----------------------|--------------------------|---------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced                                                                                   | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                                                                                           | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric                                                                             | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                                                                                            | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave                                                                            | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                                                                                             | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing                                                                                          | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat                                                                                        | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube                                                                                | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter                                                                                     | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | <b>OTHER :</b><br><br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |                          |                                   |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                                                                                                   |                          |                                   |                          |





